

PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

21874 7590 02/20/2004

EDWARDS & ANGELL, LLP
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Michelle P. Chicos	(Depositor's name)
<i>Michelle P. Chicos</i>	(Signature)
April 5, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/917,289	07/27/2001	Martin W. Frash	55892 (71850)	8099

TITLE OF INVENTION: PERMANENT MAGNET MOTOR ASSEMBLY HAVING A DEVICE AND METHOD OF REDUCING PARASITIC LOSSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ELKASSABGI, HEBA	2834	310-254000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 **David G. Conlin**
Steven M. Jensen
- 2
- 3 **Edwards & Angell, LLP**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Beacon Power Corporation**Wilmington, MA**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies **10**

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **04-1105** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Steven M. Jensen* (#42,693) (Date) **4/5/04**

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04/09/2004 WABDEL3 00000063 09917289

01 FC:2501	665.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.**

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TRANSMIT THIS FORM WITH FEE(S)



Attorney Docket No. 55892 (71850)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: M. Frash et al.

U.S. SERIAL NO.: 09/917,289

GROUP: 2834

FILED: July 27, 2001

EXAMINER: H. Elkassabgi

FOR: PERMANENT MAGNET MOTOR ASSEMBLY HAVING A DEVICE
AND METHOD OF REDUCING PARASITIC LOSSES

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE
(37 C.F.R. SECTION 1.311)

CERTIFICATE OF MAILING

I, the undersigned, do hereby certify that I have on the date set below, deposited this document and all related documents with the United States Postal Service, Postage Prepaid, First Class, to the Commissioner for Patents, U.S. Patent & Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: April 5, 2004

By: _____

Michelle P. Chicos

Michelle P. Chicos

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL - 85.
2. Fee (37 C.F.R. section 1.18(a) and (b)):

Application status is: **Regular**

- | | | | |
|-------------------------------------|-------------------------------|-------------------------------------|------------|
| <input checked="" type="checkbox"/> | small business entity fee | <input checked="" type="checkbox"/> | \$ 665.00 |
| <input type="checkbox"/> | statement attached | | |
| <input type="checkbox"/> | statement filed on _____ | | |
| <input type="checkbox"/> | other than a small entity fee | <input type="checkbox"/> | \$1,330.00 |

3. Publication fee ☒ \$ 300.00

4. Advanced order of soft copies of patent fee ☒ \$ 30.00

Fees Enclosed: \$ 995.00

PAYMENT OF FEES

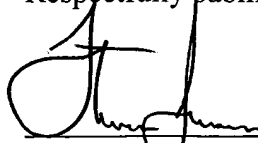
☒ Enclosed please find a check for \$995.00.

☒ Charge Account 04-1105 for any fee deficiency.

☐ Charge Account _____ the sum of \$ _____.

A duplicate of this request is attached.

Respectfully submitted,



Steven M. Jensen (Reg. No. 42,693)
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P.O. Box 55874
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Date: April 5, 2004

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